

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p> Macon County Greyhound  Park, Inc.  ATTN: MILTON McGregor  P.O. Box 128  Shorter, AL 36057 </p>		<p>A. Signature</p> <p><i>X CLarente Stephens</i></p> <p>B. Received by (Printed Name)</p> <p><i>CLarente Stephens</i></p> <p>C. Date of Delivery</p> <p><i>3-20-07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p> <p><i>7000 0600 0027 1066 8146</i></p>		<p>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D. </p>	
<p>PS Form 3811, August 2001</p>		<p>4. Restricted Delivery? (Extra Fee)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

102585-02-M-1540

Domestic Return Receipt

EXHIBIT "C"